

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>16-16121</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - 00 NOT MARK ABOVE						
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED <b>2</b>	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>			DATE OF CRASH: DAY <b>8/29/16</b> MON	TIME: MILITARY <b>1740</b>						
CRASH OCCURRED ON <b>Lot of Kroger</b>			WITHIN THE INTERSECTION OF <b>1425 Columbus AVE. Leb. OH</b>										
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE		
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Allstate</b>						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Slaven, Jeremy</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>2699 Hart Rd. Lebanon OH</b>										
PHONE NO. <b>513-680-0972</b>		BIRTH DATE <b>11/21/81</b>	AGE <b>34</b>	SEX <b>M</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>PU196713</b>	OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>			ADDRESS									PHONE	
VEH YR <b>13</b>	MAKE <b>Toy</b>	MODEL <b>SW</b>	COLOR <b>Red</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>FZN 4599</b>	TOWING SERVICE	VEH/PED DIR					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Geico</b>						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Hoffman, Jason</b>			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>903 Campbell AVE. Hamilton OH</b>										
PHONE NO. <b>516-523-5384</b>		BIRTH DATE <b>2/27/81</b>	AGE <b>35</b>	SEX <b>M</b>	SOCIAL SECURITY NO.		STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>UQ166478</b>	OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Same</b>			ADDRESS									PHONE	
VEH YR <b>10</b>	MAKE <b>Toy</b>	MODEL <b>HB</b>	COLOR <b>Blue</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>GUM 2635</b>	TOWING SERVICE	VEH/PED DIR					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES				
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES				
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES				
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE	AGE	POSITION			INJURIES				
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL					
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